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*Full Scope Medi-Cal for All Children*  
**Eligibility and Enrollment Plan**

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*Senate Bill 75, Section 35*  
*Senate Bill 4, Section 1*  
*Welfare and Institutions Code 14007.8*

# SB 75 Full Scope Medi-Cal for All Children Eligibility and Enrollment Plan

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## ***Introduction***

Pursuant to Senate Bill (SB) 75 (Chapter 18, Statutes of 2015), Section 14007.8 was added to the Welfare and Institutions Code and amended by SB 4 (Chapter 709, Statutes of 2015) to provide individuals under age 19 and who do not have satisfactory immigration status or are unable to establish satisfactory immigration status with full scope Medi-Cal benefits. The provisions will be implemented no sooner than May 1, 2016, upon written communication by the Director of the Department of Health Care Services (DHCS) to the Department of Finance of systems readiness to enroll such individuals into full scope Medi-Cal coverage pursuant to Welfare and Institutions Code section 14007.8(a).

DHCS is working collaboratively with all program areas internally and externally with interested stakeholders, including, but not limited to, counties, Medi-Cal managed care health plans, consumer advocates, community based organizations and the Legislature on efforts outlined in the SB 75 Implementation Overview (<http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/SB75/ImplementationOverview.pdf>) released by DHCS on October 13, 2015. The goal is to ensure individuals affected by SB 75 are properly notified of their eligibility for, and enrollment into, full scope Medi-Cal via managed care health plans in counties where they are available. In addition, DHCS has worked with internal programs to discuss the impacts of providing full scope coverage for this population. DHCS discussions included programs such as the California Children's Services, Dental, Mental Health, and Substance Use Disorder.

The purpose of this Eligibility and Enrollment Plan is to describe the process by which the new enrollee population (individuals under the age of 19 who meet all eligibility requirements, but have not applied for Medi-Cal) and the transition population (individuals under the age of 19 who are currently enrolled in restricted scope Medi-Cal with unsatisfactory immigration status) will receive full scope Medi-Cal under SB 75.. This plan provides an overview of SB75 Children's Expansion once the system changes have occurred and it includes the following:

1. Application process for the new enrollee population (not currently enrolled in restricted Medi-Cal);
2. Transition process for the existing restricted Medi-Cal population including how and when the transition population is identified; when they will receive notices; when and how their aid code will change; and

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3. Managed care health plan enrollment process for both new enrollee and transition populations.

## **Population Impacted by SB 75**

There are two populations of children impacted by this change in Medi-Cal coverage.

- **New Enrollee Population:** Individuals under the age of 19 who meet all eligibility requirements for SB 75 but have not enrolled in the Medi-Cal program. These individuals will need to apply for Medi-Cal through the current application process. It is estimated that 55,019 undocumented children under the age of 19 are currently eligible but not enrolled, DHCS estimates 50 percent will take up coverage over a 12-month period, once the program is operational.
- **Transition Population:** Individuals under the age of 19 who are currently enrolled in restricted scope Medi-Cal with unsatisfactory immigration status. DHCS estimates there are 170,000<sup>1</sup> undocumented children under the age of 19 who are eligible for Medi-Cal; of which 114,981 are currently enrolled in restricted-scope Medi-Cal:

## **Systems Readiness**

DHCS' goal is to complete and implement all system changes no sooner than May 16, 2016. DHCS has finalized the design of system changes in the California Healthcare Enrollment, Eligibility and Retention System (CalHEERS) to create new functionalities to determine full scope Medi-Cal eligibility for individuals under the age of 19 who do not have satisfactory immigration status or have failed verification of citizenship or satisfactory immigration status. Although CalHEERS system changes are scheduled for May 16, 2016 implementation, the eligibility effective date (when the system changes and transition plan are implemented) will be May 1, 2016. Medi-Cal is based on full month eligibility, so if an individual is eligible for one day of a given month, they are eligible for the entire month.

- **Contingency Planning:** If the system implementation date is delayed, then the eligibility effective date will change also. For example, if system implementation is delayed into the month of June, the eligibility effective date would shift from May 1, 2016 to June 1, 2016.

DHCS is also working with State Automated Welfare System (SAWS) and counties to ensure SB 75 systems functionalities are implemented in SAWS, including the release

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<sup>1</sup> Data Source: CA Department of Health Care Services, November 2015 Medi-Cal Estimate

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of applicable Notices of Action (NOA). Pursuant to Senate Bill (SB) 1341(Chapter 846, Statutes of 2014), NOA functionality is to move from CalHEERS to the SAWS. This functionality will be operational on March 7, 2016 per CalHEERS Release 16.2. As such, this functionality will operational in SAWS for purposes of the transition.

## ***Application Process***

No sooner than May 16, 2016, new applicants will be able to submit an application through CalHEERS or the County SAWS be determined eligible for full scope Medi-Cal benefits under the provisions of SB 75. The methods of applying include online, by mail, by telephone or in person. If the applicant qualifies for full-scope Medi-Cal pursuant to the requirements of SB 75, they will receive the appropriate NOA notifying them of such eligibility.

Retroactive Medi-Cal full scope coverage will be available starting the month of implementation. New enrollees can request retroactive Medi-Cal coverage up to three months prior, however such retroactivity, for purposes of SB 75, will only be effective in the month going forward, from when the program becomes operational.

## ***New Enrollee Managed Care Enrollment Process***

DHCS will use the current managed care enrollment process for new enrollees as follows:

1. For the new enrollee living in a County Organized Health System (COHS) county, they will receive a letter notifying them of the county's one Medi-Cal managed care plan and their plan enrollment date.
2. For the new enrollee living in non COHS County, they will receive a 60 day choice packet which provides information about Medi-Cal managed care plans in the county and their providers.

## ***Transition Process***

DHCS will implement the transition of individuals from restricted scope Medi-Cal to full scope Medi-Cal at the same time CalHEERS is ready to enroll newly eligible individuals into full scope aid codes. This will occur no sooner than May 16, 2016. The transition process will be transparent to these individuals and no action is required on their part. However, if these individuals receive a renewal packet for their restricted Medi-Cal, they must renew their restricted scope Medi-Cal and provide the county with any requested information. Individuals must have restricted scope Medi-Cal on the implementation date in order to transition to full scope coverage.

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Once systems (CalHEERS & SAWS) are determined ready, but no sooner than May 16, 2016, SAWS will:

1. Identify eligible individuals under the age of 19 enrolled in restricted scope, Modified Adjusted Gross Income (MAGI) aid codes and process the transition into full scope aid codes via CalHEERS (using the attached aid code crosswalk).
2. Identify eligible individuals under the age of 19 enrolled in restricted scope, Non-MAGI aid codes and process the transition to full scope aid codes via SAWS (using the aid code crosswalk).
3. Generate and send the NOA letter notifying the beneficiary of their increased benefits from restricted to full scope coverage.

SAWS will use a batch process to identify the eligible individuals related to the steps 1 and 2 described above. The batch processes will likely occur over few days because of the various steps in the process that must be completed by the three SAWS (CaWIN, C-IV, LEADER/ LRS).

### ***Transition Population Age Policy***

Assuming an implementation date of no sooner than May 16, 2016, SAWS will use the following age policy to determine who is eligible for SB 75:

- Individuals who turn age 19 between May 2, 2016 through May 31, 2016 are considered to be age 18 for the month of May and will be transitioned to full scope Medi-Cal effective May 1, 2016.
- Individuals who turn age 19 on or before May 1, 2016 will be considered to be age 19 for the month of May and will not be eligible for full scope coverage under SB 75.

### ***Transition Population Managed Care Enrollment Process***

DHCS will implement a special managed care enrollment process for the transition population. The details of the process are listed below based on an implementation date of no sooner than May 16, 2016:

- Fee-for-service (FFS) full scope Medi-Cal during the transition month and possibly the following month.

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- Managed care COHS enrollment beginning the month of June 2016 and onward.
- Managed care non-COHS enrollment beginning the month of July 2016 and onward.
- Managed care health plan choice packets will be mailed to beneficiaries living in non-COHS counties.
- Individuals turning age 19 within six months of the full scope transition date and who live in COHS counties will be enrolled into the COHS plans.

## ***Transition Population Fee-For-Service Enrollment Process***

- Individuals turning 19 within six months of the transition date and who live in non-COHS counties will be enrolled into FFS full scope Medi-Cal. These individuals are not required to enroll into a managed care health plan but may do so voluntarily.
- Individuals who have a share of cost or other health coverage will be enrolled into FFS full scope Medi-Cal.

## ***Quality Assurance and Reporting Requirements***

To ensure individuals under age 19 transition smoothly to full scope Medi-Cal, DHCS is developing tracking data reports from the Medi-Cal Eligibility Data System (MEDS) as follows:

- The month prior to the implementation date, DHCS will identify eligible individuals under the age of 19 in restricted aid codes in MEDS.
- After SAWS completes their batch process, DHCS will identify eligible individuals under the age of 19 that transitioned into full scope aid codes in MEDS.
- DHCS will reconcile the data reports to ensure that the identified individuals properly transitioned into full scope Medi-Cal. DHCS will provide SAWS the MEDS exception reports and evaluate why individuals did not transition into full scope Medi-Cal.
- DHCS will run monthly MEDS exception reports identifying eligible individuals under the age of 19 who are in restricted aid codes. DHCS will provide SAWS the MEDS exception reports to investigate the accuracy of these particular cases.

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## ***Notices To New Enrollee and Transition Populations***

For the implementation of SB 75, DHCS has developed the following three notices and they will all be translated into the 13 threshold languages:

### ***First Notice – Transition Population***

All individuals in the transition population will be sent the first notice with information about the SB 75 full scope expansion and general information on benefits, including mandatory enrollment into Medi-Cal managed care health plans and frequently asked questions. Approximately 60 days prior to the SB 75 implementation date, DHCS will identify all active restricted scope individuals under the age of 19 who do not have satisfactory immigration status in MEDS. DHCS will send this identified population the first notice approximately 30-45 days prior to the transition to full-scope benefits.

For individuals who apply for Medi-Cal on or after the 60th day prior to SB 75 implementation date, counties will include the first notice in the materials provided at application for insurance affordability programs. See attached English version.

### ***Second Notice – New Enrollee and Transition Population***

DHCS has developed new NOA letters for SB 75. These NOA letters will be used for both the new enrollee and the transition populations:

- When an application is submitted and the new enrollee is determined eligible for Medi-Cal under SB 75 rules, SAWS will generate the NOA letter. This letter will be sent to those determined SB 75 eligible from both MAGI and non-MAGI determinations.
- For the transition population, SAWS will generate the NOA letter, notifying the individual of the benefit increase into full scope Medi-Cal.

See the attached English version of NOA letter snippets.

### ***Third Notice – Transition Population***

The third notice provides information to the transition population about the required enrollment into Medi-Cal managed care health plans and will be sent to beneficiaries who have transitioned to full scope coverage. Soon after the transition, DHCS will mail out the third notice. Described below are the differences between the COHS counties and non-COHS counties:

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- COHS counties: The enrollment notice will explain what a Medi-Cal managed care plan (MCP) is, that their county has only one MCP, and provide the MCP name and contact information.
- Non-COHS counties: The enrollment notice will explain what a MCP is, that the beneficiary must choose a MCP by a certain date, and that they will receive a Health Care Options choice packet with their MCP options.
- Information about dental services is contained in the both of the above mentioned notices. Managed Care dental is available in Sacramento and Los Angeles counties only.

Please see the attached English version.

### ***Health Plan Choice Packets – New Enrollee and Transition Populations***

Medi-Cal health plan choice packets will be mailed to beneficiaries living in non-COHS counties. The Health Care Options choice packets include an Enrollment Choice Form, self-addressed stamped envelope to return the completed form, an MCP enrollment choice booklet that provides plan information, guidance on how to choose a MCP, instructions on how to fill out a Medical Exemption Request, and MCP provider directories for that county. Health Care Options choice packets will be mailed out after the enrollment notice.

### ***Provider and Health Plan Updates***

DHCS will post a provider bulletin approximately 45 dates prior to the transition date on the Medi-Cal Provider website. This bulletin will serve as a reminder to providers of the implementation of SB 75 and contact information for any provider questions. The posted bulletin is available to FFS and Medi-Cal managed care health plan providers.

DHCS will continue to update the Medi-Cal managed care health plans through conference calls, webinars, and Managed Care Plan Information Letters. SB 75 materials are shared with the Medi-Cal managed care health plans.

### ***Outreach with Foundations and Stakeholders***

DHCS has met with California Coverage & Health Initiatives (CCHI) and philanthropic Foundations to discuss coordinated outreach and enrollment efforts at the local levels. The CCHI and the Foundations, in collaboration with DHCS, have developed and are implementing an outreach strategy to encourage enrollment into restricted Medi-Cal for eligible children that are currently in local children coverage programs. This enrollment

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strategy prior to the transition will ensure that they will receive full scope benefits as soon as the children's expansion is implemented.

CCHI and the Foundations, in collaboration with DHCS, have also worked on developing a coordinated outreach message for SB 75. Consistent outreach messaging will ensure that eligible children and their families hear the same message from various sources and in the language that they understand. DHCS continues its collaboration with the Foundations to identify other areas where their support can help ensure the success of the expansion and also help the newly enrolled in understanding how to use their new full scope Medi-Cal benefits. Many families may not have been previously covered and will benefit from guidance and assistance in how to navigate their Medi-Cal managed care health plan.

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## ***Other SB 75 Resources***

The DHCS SB 75 webpage provides SB 75 publications and information, including frequently asked questions: <http://dhcs.ca.gov/SB75>

Please submit questions or input about SB 75 to the following:

- Eligibility questions: [SB75EligibilityandEnrollment@dhcs.ca.gov](mailto:SB75EligibilityandEnrollment@dhcs.ca.gov)
- Managed Care Enrollment questions: [MMCDOmbudsmanOffice@dhcs.ca.gov](mailto:MMCDOmbudsmanOffice@dhcs.ca.gov)

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